11/13/2018

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number :

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emot1	Address:			
	~~~ c33.			

## FLORIDA LIMITED LIABILITY CO. IRDR1 LLC

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Estimated Charge	\$125.00

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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

IRDRI LLC	tain the words "Limited Li	-hility Company M	L.C. "or "L.C."	<del></del>		
(Must con	tain the words "Limited Lu	aninty Company,	L.D.C., Or Duck y			
RTICLE II - Address: he mailing address and street a	address of the principal offi	ice of the Limited I	iability Company is:			
<u>Princh</u>	nal Office Address:		Mailing Address:			
1820 E Warm Sprin	og RD STE 100	1820	E Warm Springs RD STE 100			
Las Vegas, NV 891	Paristared Office &	Registered Agen	'egas, NV 89119 t's Signature:			
ARTICLE III - Registered As	gent, Registered Office, & ly cannot serve as its own R	Registered Agent.		or	2	
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position of registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
*AMBR" = Authorized M	ember
"MGR" = Manager	
AMBR	Isaac Paul Rome
	1820 E Warm Springs RD STE 100
	Lns Vegns, NV 89119
AMBR	Daniel Redel
A.HOR	1820 E Warm Springs RD STE 100
	Lus Vogas, NV 89119
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